

John Jakupi and Associates Pty Ltd

Counselling and Psychological Services

5 July 2011

Attention: The Committee Secretary
Senate Standing Committees on Community Affairs

Re: Senate Review Committee decision regarding Medicare tiered subsidies for Clinical Psychology services

I write with serious concerns following recent advice that Clinical Psychology may lose its place within a two-tiered Medicare system. My perspective is that of a privately practicing psychologist, who has been working in this context since I graduated 7 years ago, and having attained Clinical status some 12 months ago now. I was required to complete significant extra training and supervision in order to reach this grade. I also wish to note that I have worked for the last 3 years as a Lecturer in a post-graduate Counselling course, and hence have intimate knowledge of the curriculum and abilities of students who eventually come to graduate and work in a private practice context.

My concerns relate largely to the suitability of new graduates to work within a counselling context given the relative lack of experience they hold. As someone who moved straight from post-graduate study to private psychological practice (with the endorsement of several experienced clinicians), I became acutely aware of the deficits in my training, particularly when working with clients presenting with more severe forms of mental illness. Some 12 years of working in a welfare context and 8 years of University training failed to prepare me to manage such cases. It has only been with many, many hours of professional development and supervision that I now feel confident (and competent) to deal with such severe issues, and it has long been a passion of mine to better prepare students for the serious issues we face as clinicians.

As a generalist psychologist, I was therefore pleased to hear of the two-tier system as it not only provided an impetus for further professional development but also acknowledged the wide degree of conditions, issues, and clientele we work with. It recognised Clinical psychology as a unique profession and the unique abilities of more senior practitioners, which can only come through experience and further study. As such, I quickly sought to attain Clinical membership and now regard it as proof of both professional experience and development.

While I can appreciate the cause of those psychologists with many years experience who will not, or cannot, attain Clinical membership (for whatever reason), I don't believe that this justifies an overly simplistic 'shot-gun' approach to mental

health. The public require safeguards when seeking psychological services to ensure both ethical behaviour and competence in what is a very topical and sensitive field of work.

Much as a member of the public recognise the difference between various degrees of medical speciality (GP, Surgeon, Anaesthetist, etc) so too must the profession of psychology become more user-friendly and transparent while retaining the best quality of service. I believe this can only work with a multi-level system (be it the current system or otherwise), in order to provide to the community (and particularly the very unwell people we often see) a clear understanding of what professionals are able to provide what services and the confidence they can place in such a professional to perform these services. Otherwise, I fear that we may experience an increase in malpractice suits, given that a seriously mentally ill individual, for instance, will walk into any organisation where 'Counselling' is written above the door, hoping for help, but in reality playing chance with their health. This is obviously a serious cause for concern, not only for unregistered counsellors without psychological training, but also for new graduates who are free to practice without regulation and who are often, in my experience, significantly under-prepared. Greater education of the community and the retention of a tiered Medicare system are the only ways I can see our current system maintaining its current professional status and to continue improving.

In summary, I wish to reiterate my strong concern at suggestions that there may be a revision of the current Medicare system to a point where all psychologists, irrespective of training and experience, will be accorded similar consideration and remuneration. In our current society, where Mental Health issues have finally received the acknowledgement they have so long yearned for, I regret that an overly simplistic approach, designed with egalitarian aims in mind, may actually provide disservice to the community.

John Jakupi
Clinical Psychologist